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## BIB DATA SHEET

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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/NO04/00298 10/06/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

NORWAY 2003 4465 10/06/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

01/09/2007

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and JERRY-DARYL FLETCHER/ Examiner's Signature		Initials	NORWAY	6	10	5

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**TITLE**

Medical patient stimulator

FILING FEE RECEIVED 1430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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